POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		/3	6/0.7/01
FORMALITY REVIEW	CL	505	08-15.2
RESPONSE FORMALITY REVIEW		1091	11-15-01

INDEX OF CLAIMS

✔	.... Rejected	N .... Non-elected
=	.... Allowed	I .... Interference
–	(Through numeral)... Canceled	A .... Appeal
÷	.... Restricted	O .... Objected

BEST AVAILABLE COPY

Claim			Date	Claim			Date	Claim			Date
Final	Original			Final	Original			Final	Original		
	1				51				101		
	2				52				102		
	3				53				103		
	4				54				104		
	5				55				105		
	6				56				106		
	7				57				107		
	8				58				108		
	9				59				109		
	10				60				110		
	11				61				111		
	12				62				112		
	13				63				113		
	14				64				114		
	15				65				115		
	16				66				116		
	17				67				117		
	18				68				118		
	19				69				119		
	20				70				120		
	21				71				121		
	22				72				122		
	23				73				123		
	24				74				124		
	25				75				125		
	26				76				126		
	27				77				127		
	28				78				128		
	29				79				129		
	30				80				130		
	31				81				131		
	32				82				132		
	33				83				133		
	34				84				134		
	35				85				135		
	36				86				136		
	37				87				137		
	38				88				138		
	39				89				139		
	40				90				140		
	41				91				141		
	42				92				142		
	43				93				143		
	44				94				144		
	45				95				145		
	46				96				146		
	47				97				147		
	48				98				148		
	49				99				149		
	50				100				150		

If more than 150 claims or 10 actions
staple additional sheet here

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